<u>Application Data Sheet</u> Application Information

Application type:: Regular

Subject matter:: Utility

CD-ROM or CD-R:: None

Number of CD disks:: 0

Number of copies of CDs:: 0

Sequence submission?:: No

Computer readable form (CRF)?:: No

Number of copies of CRF:: 0

Title:: ANKLE-FOOT ORTHOSIS

Attorney docket number:: INGI3002/JEK/JJC

Request for early publication?:: No Request for non-publication?:: No

Suggested drawing figure::

Total drawing sheets:: 6

Small entity?:: No

Applicant Information

Applicant authority type:: Inventor

Primary citizenship country:: Iceland

Status: Full capacity

Given name:: Arni
Middle name:: Thor

Family name:: Ingimundarson

Name suffix::

City of Residence:: Reykjavik

State or province of

residence::

Country of residence:: Iceland

Street of mailing address:: Hraunbaer 98

City of mailing address:: Reykjavik

State or province of mailing

address::

Country of mailing address:: Iceland

Postal or zip code of mailing 110

address::

Applicant Information

Applicant authority type:: Inventor

Primary citizenship country:: Iceland

Status: Full capacity

Given name:: Orn

Middle name::

Family name:: Olafsson

Name suffix::

City of Residence:: Hafnarfjordur

State or province of residence::

Country of residence:: Iceland

Street of mailing address:: Sudurhvammur 23

City of mailing address:: Hafnarfjordur

State or province of mailing

address::

Country of mailing address:: Iceland

Postal or zip code of mailing 220

address::

Applicant Information

Applicant authority type:: Inventor

Primary citizenship country:: Iceland

Status: Full capacity

Given name:: Arinbjorn

Middle name:: Viggo

Family name:: Clausen

Name suffix::

City of Residence:: Reykjavik

State or province of residence::

Country of residence:: Iceland

Street of mailing address:: Heidargerdi 60

City of mailing address:: Reykjavik

State or province of mailing

address::

Country of mailing address:: Iceland

Postal or zip code of mailing 108

address::

Applicant Information

Applicant authority type:: Inventor

Primary citizenship country:: Belgium

Status: Full capacity

Given name:: Kim

Middle name:: Peter Viviane

Family name:: De Roy

Name suffix::

City of Residence:: Reykjavik

State or province of residence::

Country of residence:: Iceland

Street of mailing address:: Laufrima 14B

City of mailing address:: Reykjavik

State or province of mailing

address::

Country of mailing address:: Iceland

Postal or zip code of mailing 112

address::

Correspondence Information

Correspondence customer number:: 23364

Phone number::

703-683-0500

Fax number:: 703-683-1080

E-mail address:: mail@baconthomas.com

Representative Information

Representative customer number::

23364

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	an application claiming benefit under 35 USC 119(e)	60/424,321	11/07/02
This application	National stage of	-	
This application	Continuation of		

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority claimed::

Assignee Information

Assignee name::